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1. CHILD AND ADOLESCENT HEALTH

FACTORS AFFECTING THE BMI IN ADOLESCENTS ATTENDING THE 2ND AND 3RD CYCLES IN PORTUGUESE SCHOOLS FROM VISEU

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Introduction: Many studies show that the prevalence of overweight and obesity among children is rapidly increasing and developing into a major public health problem worldwide.

Objectives: To assess the Body Mass Index (BMI) in school children from 2nd and 3rd cycles in Viseu schools and identify the sociodemographic, behavioural and educational factors that are related to the BMI.

Methods: This is a quantitative descriptive and explanatory study with a convenience sample of 742 students attending schools of the 2nd and 3rd cycles in Viseu. The study was carried out by means of a questionnaire, which was produced for this study and previously submitted to the approval of the competent authority (DGE) for application in school context.

Results: It was found that some sociodemographic factors were associated with BMI, namely age, school year, practicing high competition sport, being federate in a sport or vegetarian diet. Regarding the educational factors associated with BMI these included only the seminars given at school by specialist in nutrition. Furthermore, a significant relation between BMI and SF was found, where SF represents the school sources of knowledge. Finally among the behavioural factors associated to BMI stood: learning in classes, playing in the open air, reading books and use of internet.

Conclusions: The results reinforce the need of adolescents to practice a healthy lifestyle and the role of family and school in providing the right information to help making right food choices.

Finally in the sample at study the incidence of overweight and obesity was not at all preoccupying, thus indicating that the efforts to provide a good education both at home and at school are adequate and must be carried on.

Keywords: Body mass index. School children. Food education.

QUALITY OF LIFE OF CHILDREN AND YOUNG PEOPLE WITH DIABETES MELLITUS TYPE I

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Introduction: Diabetes Mellitus type I (DMT1) has become apparent in children/young people, a current and worrisome problem due to increasing incidence and prevalence. In addition to its consequences, it interferes with the quality of life (QOL), representing a public health issue.

Objectives: Characterize the QOL of children/young people with DMT1; identify factors influencing children/young people with DMT1 QOL; check DMT1 impact in the QOL of children/young people.

Methods: Systematic review of full text studies, published from January 2006 to June 2014 that included the QOL of children/young people with DMT1, children/young people with DMT1 with no other pathology and their parents, consulting CINAHL, MEDLINE, MediciLatina, Academic Search Complete, Psychology and Behavioral Sciences Collection and Scholar Google, using “quality of life”, “child*”, “diabetes”. Studies of children/young people with DMT1 and other chronic illness were excluded. 546 articles have been identified, 11 selected and seven used.

Results: Parents perceive less QOL and greater impact in the life of children/young people than them. Children/young people QOL improve with the insulin pump and severe hypoglycemic crisis and ketoacidosis decrease. Gender and age group influence children/young people QOL. Severe hypoglycemic crisis are related to the parents' fear of hypoglycemia, affecting their and their children's QOL. Young people using complementary and alternative Medicine have better QOL than those using stress relief activities. Children with DMT1 have impaired school performance.

With 102 user's (men and women) of public and private health systems, over the age of 17 years (in good health at the time of collection). Through audio-taped interviews with open and closed questions, in the Public Health Service Units of the municipality, in public places and through the internet. The qualitative data analysis considered the categories of Social Support Network, therapeutic itineraries and self-care program inserted into the Sphinx Brazil. For quantitative analysis of the data clusters SPSS software was used.

Results: Social Support is a reciprocal process - generates positive effects for both those who receive as to who provides the support. Research has shown that men and women receive more instrumental support, followed by emotional support. The first function of women in SSN is (56.5%) solidarity and men (40%) autonomy. In general, the structure of the SSN (weak) does not provide adequate support and may increase the vulnerability and to promote the appearance of physical and emotional diseases. However, the situation that the more active RAS is the "disease". This is when one of the people who comprise the network has some malaise or falls ill, 'almost always' someone is mobilizing to help her.

Conclusions: The SSN can expand people's autonomy.

Keywords: Social Support Network. Care/self care health.

5. MENTAL HEALTH

THE PERSON ON CHRONIC HAEMODIALYSIS TREATMENT: INFLUENCE OF "SELF-ACTUALIZATION" IN ACCEPTING DISEASE

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Introduction: This study of the emotional state of the haemodialysis (HD) patients, evaluates the success, or not, to feel acceptance and value, becoming fulfilled itself, although the incapacity, dependency and uselessness feelings that the illness causes.

Objectives: To assess the relationship between the emotional state related as acceptance and the level of self-actualization that the haemodialysis patients.

Methods: This is a quantitative descriptive and explanatory cross-correlated study of 150 adults' haemodialysis patients. We selected two scales to assess the phenomena in question: "Acceptance of Illness Scale, Felton's, 1984, and the "Self-Actualization Scale", Guerra, 1992. The statistical tests had been based on the application of the coefficient of Pearson's correlation, analysis of variance ANOVA, T test and Levene's test.

Results: The majority of the sample is constituted by men (62%) and the average of ages is about 52.7 years old. We found a moderate positive correlation ($r = 0.640$) and statistical significant ($p < 0.001$) between the changeable self-actualization and the changeable acceptance of the illness, allows us to infer that an increase in the self-actualization levels permits the increase of the acceptance and vice-versa.

Conclusions: From all the results we can infer, with significant statistics that how much bigger it will be the self-actualization biggest will be the acceptance of the illness. The person on haemodialysis treatment, it is collated with limitations in its daily life but it must react searching a direction for life, a reason that makes it move and not adopt a state of passive resignation. The health professionals can help it in this process of development of its potentials, necessary and positive to its accomplishment as person.

Keywords: Acceptance. Self-actualization. Illness. HD.

EVALUATION OF ACCEPTANCE OF CHRONIC DISEASE: A NEED OF HEALTH PROFESSIONALS

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Introduction: Acceptance means recognizing and understanding the limitations and losses caused by the disease, being instrumental in the adaptation of the individual to the disease.

Objectives: In this study we analyze the acceptance of the disease, translated by some type of disability in individuals with chronic disease.

Methods: This is a quantitative descriptive and explanatory study in 210 patients on hemodialysis and 53 diabetic patients, in Portugal. The acceptance was evaluated using the Acceptance of Illness Scale (AIS), (Felton, 1984), with only eight items and which directly focuses on the extent of acceptance of the disease, and analyzed their reliability.

Results: The AIS is a scale to measure reliably the acceptance of the disease because it has good internal consistency (Cronbach's $\alpha = 0.794$). In descriptive statistics obtained for the behavior of the two samples, we find that the minimum and maximum values observed (10-40) are within the expected range (8-40). We observed no statistically significant differences in outcomes for the two groups analyzed. The hemodialysis and diabetic sample exhibit moderate levels of acceptance of the disease, respectively on average, 22.76/26.93.

Conclusions: Regardless of the disease and the impact of your treatment, your acceptance is crucial in the adaptation process, by which healthcare professionals should consider as a positive variable, it is important to review the chronically ill.

Keywords: Acceptance. Chronic illness.

THE INFLUENCE OF EDUCATION IN THE QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA

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Introduction: The psychological and behavioral attitudes of the person with schizophrenia can hinder the social integration of the individual due to the constant isolation from other people. In this context, the occupational performance for leisure such as, work, study activities, becomes compromised. In education, it is important to consider that this may be harmed due to higher incidence of disease symptoms which should be noticed during the period of schooling.

Objectives: To understand the influence of education on quality of life of patients with schizophrenia.

Methods: We seek through a literature review, to analyze articles that address the quality of life of patients with schizophrenia. To selection of the articles were considered the factors: schizophrenic patients treated in mental health services and medically stable and publications from 2005 to 2014. Databases were used The Medline, Lilacs and SciELO. Eighteen articles were analyzed, and only six showed relationship of quality of life with the level of education.

Results: We found different answers to the relationship between education and quality of life as: less level of education, with worst quality of life; higher level of education with better quality of life; higher level of education with poor quality of life.

Conclusion: However, one realizes that education can influence in some way in the quality of life; and that there is no consensus on the relationship between education and quality of life of patients with schizophrenia. It should be considered that the articles analyzed were not focusing on education.

Keywords: Schizophrenia. Education. Quality of life.